

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2001

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: Chadron Housing Authority

PHA Number: NE143

PHA Fiscal Year Beginning: (mm/yyyy)01/2001

PHA Plan Contact Information:

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TDD: 1-800-833-7352

Email (if available): heritage@bbc.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA(740 Pine Street, Chadron, NE 69337)
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA(740 Pine Street, Chadron, NE 69337)
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered:

- ☐ Public Housing and Section 8 ☒ Section 8 Only ☐ Public Housing Only

Annual PHA Plan Fiscal Year 2001

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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| <input checked="" type="checkbox"/> Attachment A : Supporting Documents Available for Review | |
| <input type="checkbox"/> Attachment __: Capital Fund Program Annual Statement | |
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| <input type="checkbox"/> Attachment __: Capital Fund Program Replacement Housing Factor | |
| Annual Statement | |
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| <input type="checkbox"/> Attachment __: Resident Membership on PHA Board or Governing Body | |
| <input type="checkbox"/> Attachment __: Membership of Resident Advisory Board or Boards | |
| <input type="checkbox"/> Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text) | |
| <input type="checkbox"/> Other (List below, providing each attachment name) | |

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

EXECUTIVE SUMMARY

The Chadron Housing Authority has prepared this Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.

We have adopted the following mission statement to guide the activities of the Chadron Housing Authority.

The mission of the Chadron Housing Authority is to be the area's affordable housing of choice. We provide and maintain safe, quality housing in a cost-effective manner. By partnering with others, we offer rental assistance and other related services to our community in a non-discriminatory manner.

We have also adopted the following goals and objectives for the next five years.

Goal: Manage the Chadron Housing Authority's existing tenant-based assistance program in an efficient manner.

Objectives:

1. The Chadron Housing Authority shall achieve and sustain a utilization rate of 98% by December 31, 2004.
2. The Chadron Housing Authority shall attract 3- 5 new landlords who want to participate in the program by December 31, 2004

Our Annual Plan is based on the premise that if we accomplish our goals and objectives we will be working towards the achievement of our mission.

The plans, statements, budget summary, policies, etc. set forth in the Annual Plan all lead towards the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach towards our goals and objectives and are consistent with the Consolidated Plan. Here are just a few highlights of our Annual Plan:

- We have adopted an aggressive screening policy for our Section 8 program to ensure to the best of our ability that new admissions will be good neighbors, We are screening applicants to the fullest extent allowable while not taking away the ultimate responsibility from the landlord. Our screening practices will meet all fair housing requirements.
- In the attempt to encourage work and advancement in the workplace, we are not requiring interim recertifications if a Section 8 participant would have an increase in income.
- We have established a minimum rent of \$25.00.
- We are going to utilize the published FMR's as our payment standard for Section 8 Program.

- We have not adopted any preferences.
- Applicants will be selected from the waiting list in order of the date and time that they applied.

In summary, we are on course to improve the condition of affordable housing in Chadron.

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

- 1) Pet Policy requirements- Even though our program is a Section 8 voucher program we have included that pet policy for our other projects. On that Section 8 program the Landlord decides the way that he/she would like to handle the issues of pets in their units.
- 2) Community Service and Self-Sufficiency- Last year in our agency plan we stated that we would wait until the final rule was released. We have included a new Community Service and Self-Sufficiency policy.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☐ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ _____

C. ☐ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☐ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to next component ; if “yes”, complete one activity description for each development.)

2. Activity Description

| Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities) |
|--|
| 1a. Development name: 1b. Development (project) number: |
| 2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/> |
| 3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/> |
| 4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u> |
| 5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development |
| 7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below) |
| 8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity: |

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name) _____

3. In what manner did the PHA address those comments? (select all that apply)

- ☐ The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
☐ Yes ☐ No: below or
☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment ____.
- ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: Chadron, Nebraska

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☒ Other: (list below) Chadron Housing Authority 2000 waiting list

3. PHA Requests for support from the Consolidated Plan Agency

- ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan: A substantial deviation from the 5-year Plan occurs when the board of commissioners decides that it wants to to change the mission statement, goals, or objective of the 5-year plan

B. Significant Amendment or Modification to the Annual Plan: Significant amendments or modifications to the annual plan are defined as discretionary changes in the plans or policies of the housing authority the fundamentally change the plans of the agency and which require formal approval of the board of commissioners.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

| List of Supporting Documents Available for Review | | |
|--|---|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| X | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations | 5 Year and Annual Plans |
| X(last years) | State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update) | 5 Year and Annual Plans |
| | | |
| X | Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement. | 5 Year and Annual Plans |
| X | Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction | Annual Plan: Housing Needs |
| X | Most recent board-approved operating budget for the public housing program | Annual Plan: Financial Resources |
| | Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] | Annual Plan: Eligibility, Selection, and Admissions Policies |
| | Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies |
| | Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy | Annual Plan: Rent Determination |
| | Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy | Annual Plan: Rent Determination |

| List of Supporting Documents Available for Review | | |
|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| | Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Rent Determination |
| | Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation) | Annual Plan: Operations and Maintenance |
| | Results of latest binding Public Housing Assessment System (PHAS) Assessment | Annual Plan: Management and Operations |
| | Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) | Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency |
| X | Results of latest Section 8 Management Assessment System (SEMAP) | Annual Plan: Management and Operations |
| | Any required policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Operations and Maintenance |
| | Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy | Annual Plan: Grievance Procedures |
| | Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Grievance Procedures |
| | The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year | Annual Plan: Capital Needs |
| | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants | Annual Plan: Capital Needs |
| | Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing | Annual Plan: Capital Needs |
| | Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA). | Annual Plan: Capital Needs |
| | Approved or submitted applications for demolition and/or disposition of public housing | Annual Plan: Demolition and Disposition |
| | Approved or submitted applications for designation of public housing (Designated Housing Plans) | Annual Plan: Designation of Public Housing |
| | Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937 | Annual Plan: Conversion of Public Housing |

| List of Supporting Documents Available for Review | | |
|--|--|---|
| Applicable & On Display | Supporting Document | Related Plan Component |
| | Approved or submitted public housing homeownership programs/plans | Annual Plan: Homeownership |
| | Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan) | Annual Plan: Homeownership |
| | Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies | Annual Plan: Community Service & Self-Sufficiency |
| | FSS Action Plan/s for public housing and/or Section 8 | Annual Plan: Community Service & Self-Sufficiency |
| | Section 3 documentation required by 24 CFR Part 135, Subpart E | Annual Plan: Community Service & Self-Sufficiency |
| | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports | Annual Plan: Community Service & Self-Sufficiency |
| | The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report | Annual Plan: Safety and Crime Prevention |
| | PHDEP-related documentation: <ul style="list-style-type: none"> Baseline law enforcement services for public housing developments assisted under the PHDEP plan; Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; Coordination with other law enforcement efforts; Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. | Annual Plan: Safety and Crime Prevention |
| | Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A & O Policy | Pet Policy |
| X | The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings | Annual Plan: Annual Audit |
| | Troubled PHAs: MOA/Recovery Plan | Troubled PHAs |
| | Other supporting documents (optional) (list individually; use as many lines as necessary) | (specify as needed) |

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP)

| PHA Name: | | Grant Type and Number Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No: | | |
|---|---|--|---------|--|
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised A <input type="checkbox"/> Final Performance and Evaluation Report | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | |
| | | Original | Revised | |
| 1 | Total non-CFP Funds | | | |
| 2 | 1406 Operations | | | |
| 3 | 1408 Management Improvements | | | |
| 4 | 1410 Administration | | | |
| 5 | 1411 Audit | | | |
| 6 | 1415 liquidated Damages | | | |
| 7 | 1430 Fees and Costs | | | |
| 8 | 1440 Site Acquisition | | | |
| 9 | 1450 Site Improvement | | | |
| 10 | 1460 Dwelling Structures | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | |
| 12 | 1470 Nondwelling Structures | | | |
| 13 | 1475 Nondwelling Equipment | | | |
| 14 | 1485 Demolition | | | |
| 15 | 1490 Replacement Reserve | | | |
| 16 | 1492 Moving to Work Demonstration | | | |
| 17 | 1495.1 Relocation Costs | | | |
| 18 | 1498 Mod Used for Development | | | |
| 19 | 1502 Contingency | | | |
| 20 | Amount of Annual Grant: (sum of lines 2-19) | | | |
| 21 | Amount of line 20 Related to LBP Activities | | | |
| 22 | Amount of line 20 Related to Section 504 Compliance | | | |
| 23 | Amount of line 20 Related to Security | | | |
| 24 | Amount of line 20 Related to Energy Conservation Measures | | | |

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP
Part II: Supporting Pages**

[illegible]

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

| CFP 5-Year Action Plan | | | |
|--|--|--|--|
| <input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement | | | |
| Development Number | | Development Name (or indicate PHA wide) | |
| | | | |
| Description of Needed Physical Improvements or Management Improvements | | Estimated Cost | Planned Start Date (HA Fiscal Year) |
| | | | |
| Total estimated cost over next 5 years | | | |

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an “x”) **N1**_____ **N2**_____ **R**_____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

| PHDEP Target Areas (Name of development(s) or site) | Total # of Units within the PHDEP Target Area(s) | Total Population to be Served within the PHDEP Target Area(s) |
|--|--|--|
| | | |
| | | |
| | | |

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12 Months_____ **18 Months**_____ **24 Months**_____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

| Fiscal Year of Funding | PHDEP Funding Received | Grant # | Fund Balance as of Date of this Submission | Grant Extensions or Waivers | Grant Start Date | Grant Term End Date |
|---------------------------|------------------------------|---------|--|-----------------------------------|---------------------|------------------------|
| FY 1995 | | | | | | |

| | | | | | | |
|---------|--|--|--|--|--|--|
| FY 1996 | | | | | | |
| FY 1997 | | | | | | |
| FY1998 | | | | | | |
| FY 1999 | | | | | | |

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

| FFY _____ PHDEP Budget Summary | |
|---|----------------------|
| Original statement | |
| Revised statement dated: | |
| Budget Line Item | Total Funding |
| 9110 – Reimbursement of Law Enforcement | |
| 9115 – Special Initiative | |
| 9116 - Gun Buyback TA Match | |
| 9120 – Security Personnel | |
| 9130 – Employment of Investigators | |
| 9140 – Voluntary Tenant Patrol | |
| 9150 – Physical Improvements | |
| 9160 - Drug Prevention | |
| 9170 - Drug Intervention | |
| 9180 - Drug Treatment | |
| 9190 – Other Program Costs | |
| | |
| TOTAL PHDEP FUNDING | |

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

| 9110 – Reimbursement of Law Enforcement | | | | | Total PHDEP Funding: \$ | | |
|---|---------------------------|----------------------|---------------|------------------------------|-------------------------|--------------------------------------|--|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDE P Funding | Other Funding (Amount/ Source) | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9115 – Special Initiative | | | | | Total PHDEP Funding: \$ | |
|---------------------------|---------------------------|----------------------|---------------|------------------------------|-------------------------|--------------------------------------|
| Goal(s) | | | | | | |
| Objectives | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount/ Source) |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |

| 9116 – Gun Buyback TA Match | | | | | Total PHDEP Funding: \$ | | |
|-----------------------------|---------------------|-------------------|------------|------------------------|-------------------------|--------------------------------|--|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDep Funding | Other Funding (Amount /Source) | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9120 – Security Personnel | | | | | Total PHDEP Funding: \$ | |
|---------------------------|---------------------|-------------------|------------|------------------------|-------------------------|--------------------------------|
| Goal(s) | | | | | | |
| Objectives | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDep Funding | Other Funding (Amount /Source) |
| 1. | | | | | | |

| | | | | | | |
|----|--|--|--|--|--|--|
| 2. | | | | | | |
| 3. | | | | | | |

| | | | | | | | |
|---|---------------------|-------------------|------------|------------------------|---------------|--------------------------------|--|
| 9130 – Employment of Investigators | | | | | | Total PHDEP Funding: \$ | |
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| | | | | | | | |
|---------------------------------------|---------------------|-------------------|------------|------------------------|---------------|--------------------------------|--|
| 9140 – Voluntary Tenant Patrol | | | | | | Total PHDEP Funding: \$ | |
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| | | | | | | | |
|-------------------------------------|---------------------|-------------------|------------|------------------------|---------------|--------------------------------|--|
| 9150 – Physical Improvements | | | | | | Total PHDEP Funding: \$ | |
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| | | | | | | | |
|-------------------------------|---------------------|-------------------|------------|------------------------|---------------|--------------------------------|--|
| 9160 – Drug Prevention | | | | | | Total PHDEP Funding: \$ | |
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| | | | | | | | |
|---------------------------------|--|--|--|--|--|--------------------------------|--|
| 9170 – Drug Intervention | | | | | | Total PHDEP Funding: \$ | |
| Goal(s) | | | | | | | |

| | | | | | | | |
|---------------------|---------------------|-------------------|------------|------------------------|----------------|--------------------------------|--|
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9180 – Drug Treatment | | | | | Total PHDEP Funding: \$ | | |
|-----------------------|----------------------------|----------------------|---------------|------------------------------|-------------------------|-----------------------------------|--|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Person s Served | Target Population | Start Date | Expected Complete Date | PHEDep Funding | Other Funding (Amount /Source) | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9190 – Other Program Costs | | | | | Total PHDEP Funds: \$ | | |
|----------------------------|----------------------------|----------------------|---------------|------------------------------|-----------------------|-----------------------------------|--|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Person s Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

Required Attachment ____: Resident Member on the PHA Governing Board

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

- ☐ Elected
☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
☒ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member: 05/2001

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Mary Horse, Mayor of The City of Chadron

Required Attachment _____: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

PET AGREEMENT AND POLICY

RULES AND REGULATIONS GOVERNING PETS IN ROYAL COURT, PINE COURT, WEST HILLS VILLA AND THE HERITAGE

THIS AGREEMENT entered into this ____ day of _____, _____, by and between _____, Owner, and _____, Resident, in consideration of their mutual promises agree as follows:

I. PURPOSE

A. The purpose of this Addendum to the Residential Agreement is to insure that pet ownership will not be injurious to persons or property, nor violate the right of all residents to clean, quiet, and safe surroundings in Chadron Housing Authority..

II. APPROVAL

A. The Resident desires and has received written approval from Chadron Housing Authority to keep the pet named _____ and described as follows:

_____ (Photo Attached if available).

The written approval must be available at all times. The written approval will be granted after all conditions of this agreement have been fulfilled.

B. This Agreement is an Addendum to and part of the Residential Agreement between Chadron Housing Authority and the Resident executed on _____. In the event of default by resident of any of the terms of this Agreement, Resident agrees, upon properly written notice of default from Chadron Housing Authority, to cure the default, remove the Pet or vacate the premises. Resident agrees Chadron Housing Authority may revoke permission to keep said Pet on the premises by giving Resident proper written notice. Failure to comply on the part of the Resident will be deemed material non compliance of the Residential Agreement and will be grounds for termination of tenancy.

III. CERTIFICATE

A. The Resident must present a Veterinarian's Certificate that the Pet is in good health, has had the necessary inoculations and booster shots, is spayed or neutered and declawed in the appropriate cases. The Certificate must be updated annually. The Certificate must be presented prior to the Pet coming on the premises. If the animal is too young, the Resident agrees to have the Pet neutered or spayed when the Pet reaches the suitable age.

- B. A Veterinarian's Certificate must be submitted prior to admission of the Pet certifying that the Pet has received a flea treatment within ten days prior to admission. The Chadron Housing Authority reserves the right to require treatment more frequently should problems arise.
- C. The Resident will provide Chadron Housing Authority a Certificate indicating proper licensing by the City prior to bringing the Pet on the premises.
- D. The Resident agrees to comply with all Health and Safety Codes and all other applicable governmental laws and regulations relating to pets.

IV. DEPOSITS AND FEES

- A. Resident agrees to pay a Pet Deposit in addition to the rental security deposit. The Pet Deposit shall be \$60.00, for residents with a dog or cat, at the time the pet is admitted.
- B. The Pet Deposit will be used towards, but not limited to, repairs, cleaning, treatment for flea infestation, or replacement of any part of the apartment or premises damaged by the pet. This deposit is refundable if no damage is done as verified by Prairie Pines Lodge, after either the Pet or Resident vacates the premises. The Resident's liability for damages applies to, but is not limited to, carpet, doors, walls, drapes, windows, screens, furniture, appliances, and any other part of the dwelling unit, landscaping, or other improvements to Chadron Housing Authority property. It is further understood that damage charges are not limited to the deposit held by Chadron Housing Authority.

V. PET CATEGORIES

- A. Only pets from one of the following categories may be maintained
 - 1. Dogs -
 - a. Maximum number - one (1)
 - b. Maximum size - 15 pounds and 15 inches in height when full grown, measurement shall be from the top of the center back down or exception with the approval of management.
 - c. Minimum age - one year
 - 2. Cats -
 - a. Maximum number - one (1)
 - b. Maximum size - 15 pounds and 15 inches in height when full grown, measurement shall be from the top of the center back down or with approval of management.
 - c. Minimum age - one year
 - 3. Birds -
 - a. Maximum number - two (2)
 - b. Type - love birds, finches, or parakeets

4. Fish -

a. Maximum aquarium size - 10 gallons

B. Only domestic animals such as dogs, cats, birds, and fish will be admitted to the premises. No small rodents such as hamsters, rats, mice, guinea pigs or ferrets will be admitted. No reptiles, monkeys, or other exotic or undomesticated animals of any type will be allowed. No meat eating or poisonous species will be allowed in aquariums. No birds of prey will be admitted.

VI. PET EMERGENCY

A. In case of an emergency or illness, the following person will remove my Pet from the premises and be solely responsible for its care:

Name _____

Address _____

Telephone _____

Relationship _____

Signature of Responsible Party

Date

B. The Resident agrees that if for any reason the Pet is left unattended as specified or whose health is jeopardized by the Resident's neglect, mistreatment or inability to care for the animal, Chadron Housing Authority shall report same to appropriate authorities. Such circumstances shall be deemed an emergency for the purpose of the Chadron Housing Authorities' right to enter the Residents unit to allow such authority to remove the animal from the premises. Chadron Housing Authority accepts no responsibility for any pet so removed. The specifications for unattended pets are as follows:

1. Dogs - 6 hours
2. Cats - 12 hours
3. Birds - 24 hours
4. Fish - 24 hours

VII. INSPECTION

A. Chadron Housing Authority reserves the right to inspect the Residents unit on a

frequency of not less than every three months to verify unit conditions.

VIII. PET RESTRAINTS

A. The Pet must be kept in the Residents apartment or room at all times and transported with care not to disturb other residents when in common areas or hallways of the building.

B. The Pet must be on a leash at all times when on the grounds or in hallways of the complex. At no time will the Pet be allowed to roam free.

C. Pets shall not be in the common areas of the building except for the purpose of passing to the outside of the building. The common hallways may not be used for exercising the Pet.

D. Pets will not be allowed in the laundry area.

E. The Resident agrees to keep the Pet under control at all times so the Pet does not jump up on other residents or guests on the property and that they are not bothered or unduly frightened by excessive barking or other aggressive behavior.

F. Pets that disturb peace and quiet of the neighbors through noise, smell, animal waste, biting, scratching, or other nuisances must be removed from the premises.

G. Pets will be totally removed from their units during the full amount of specified time for any exterminating or defleaing of the complex. This restraint must be complied with in the fullest.

H. The resident acknowledges that other residents may have chemical sensitivities or allergies or are easily frightened by animals. The Resident therefore, agrees to exercise common sense and common courtesy in respect of such other Residents rights to peaceful and quiet enjoyment of the premises.

I. The Resident assures the Pet is quiet and house broken and will not cause any damage or annoy other residents.

J. Unless a designated "pet exercise area" is provided, use of the grounds or premise of Chadron Housing Authority for sanitary purposes is prohibited. Only the sidewalks shall be used for exercise, and it is the Pet Owners responsibility to clean up immediately behind the Pet.

K. Birds must be caged at all times. Only one birdcage will be allowed and it must have a removable litter tray.

- L. Residents shall not alter their apartments or any part of the premises to create an enclosure for the Pet.
- M. Tenants are prohibited from feeding dogs and cats belonging to another resident.
- N. Visitors or guests are prohibited from bringing pets on the premises.
- O. Only one pet unit will be allowed per apartment.
- P. All aquariums must be sealed against leakage.

IX. PET CARE

- A. All animal waste or litter from litter boxes or cages is to be picked up and disposed of in a sealed plastic bag and placed in the trash bin outside the building.
- B. Cat litter must be emptied and replaced at least twice weekly and cleaned daily.
- C. Litter from litter boxes is not to be disposed of down the stool.
- D. If a smell is developed because of improper care of the Pet, Chadron Housing Authority shall first give one verbal warning followed by one written notice. The next notice of the problem shall result in the Resident being required to remove the Pet from the complex.
- E. The Resident agrees to clean up behind the Pet should it mess on the exterior grounds. The debris shall be disposed of in a sealed plastic bag.
- F. The Resident agrees to provide adequate care nutrition, exercise and medical care for the Pet.
- G. The resident agrees and is aware that Chadron Housing Authority may impose a \$5.00 per occurrence waste removal charge in the event that the Resident does not comply with the procedures of disposal of pet waste.

X. COMPLIANCE

- A. Residents who violate the terms of this Agreement will be required to remove the Pet from the premises upon notice from Chadron Housing Authority within:
 - 1. A reasonable time proportionate to the urgency of the situation in the case of creation or maintenance of a threat to the health or safety of other resident or Chadron housing Authorities employees.

- 2. Thirty days in all other cases.
- 3. Failure to comply may result in revocation of permission to have a Pet by Chadron Housing Authority.
- 4. Failure to comply could result in termination of tenancy.

XI. The management acknowledges special needs of handicapped and disabled persons in regard to pets. Accommodations will be made to accommodate any special needs in regard to pets.

The resident has read and agrees to comply with this Agreement and agrees to comply with such rules and regulations as may be reasonably adopted from time to time by Chadron Housing Authority. The Resident agrees to review this Agreement at the time of annual recertification.

| | |
|---|----------------------|
| _____ RESIDENT | _____ DATE |
| _____ RESIDENT | _____ DATE |
| _____ FOR CHADRON HOUSING AUTHORITY (title) | _____ DATE |